

nystatin. Ketoconazole was eight times more potent than fluconazole.

Conclusion and recommendations: All antifungals tested are still efficacious in the treatment of OPC. The Ugandan Ministry of Health and international donors should consider availing more ketoconazole than Fluconazole since the former is several times more superior. Furthermore, there should be continued monitoring of the susceptibility patterns for itraconazole since it's already in the sensitive but dose dependant phase.

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45.027

Sunflower Seed Agar for Rapid Identification of *Cryptococcus neoformans* Clinical Isolates from AIDS Patients in Thailand

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Cryptococcus neoformans is an opportunistic fungal pathogen that often cause the significant illness and death among persons with AIDS. The rapid and accurate identification of *Cryptococcus neoformans* in the clinical laboratory based on the phenoloxidase activity of the organism and there are several media used in this test. We have brought the Pal's medium (Sunflower seed agar) to apply for testing of phenoloxidase activity of *C. neoformans* clinical isolates from AIDS patients in Thailand. We improved the formula and the preparation of Sunflower seed agar which appropriate for the phenoloxidase activity test. Then the test was conducted to the 100 clinical isolates of *C. neoformans* and the findings was that it created the brown colony on the Sunflower seed agar once it hit 16 hours. These brown colonies could be read the positive result clearly after 24 hours. The false positive and negative results were not found which appeared to be the same in the test over the Modified caffeic acid-cornmeal agar and DOPA medium. When comparing the Sunflower seed agar to the other two agar media, the strong point of the Sunflower seed agar is that the price per unit is very cheap, the resource is easier to find in Thailand and the expiration is after 6 month. The hospital laboratories all through the country can use this way without affecting its original diagnosing charge but instead will increase the value added to the service for medical doctors and patients.

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Fungal Infections Etiology at Patients with HIV/AIDS in Timis County Romania

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Background: The mortality rate of HIV/AIDS patients with fungal infections is substantially increasing. We proposed ourselves to study the etiology of fungal infections at a

Methods: the authors have studied 42 adult patients with HIV/AIDS admitted in Department of Infectious Diseases Timisoara, Romania. The positive diagnosis was established based on the physical examination (prolonged feverish, weight loss, malaise, peripheral lymphadenopathy, white depots on the tongue, headache, photophobia etc.), biological samples (number of leukocytes, leukocytary formula, ESR, blood cultures, sputum cultures, ELISA test, Western blot test, glossal exudate and culture on Sabouraud medium, biochemical parameters of cerebrospinal fluid (CSF), culture of CSF on Sabouraud medium etc.) and direct microscopic examination of fungal specimens.

Results: 15 patients (46.87%) have presented glossal candidiasis, 10 (31.25%) have had oropharyngeal candidiasis, 3 patients (9.37%) with esophageal candidiasis, and 4 (12.5%) with acute meningitis; there have been isolated 18 strain (56.25%) of *Candida albicans*, 10 strain (31.25%) of *Candida nonalbicans* from which 3 *Candida glabrata*, 2 *Candida kefir*, 3 *Candida krusei* and 2 *Candida parapsilosis*. *Cryptococcus neoformans* were detected to all patients (4) with acute meningoencephalitis. Out of 18 strain of *Candida albicans*, 5 have been resistance to fluconazole and all with sensitivity to itraconazole. We mention that all strain of *Candida krusei* have been resistance to fluconazole and with sensitivity to itraconazole. The isolation of these species, along with the sensitivity at antifungal drugs test have allowed an antifungal treatment with satisfying results. The patients with oropharyngeal candidiasis had CD4 between 250–350/mm³, the ones with esophageal candidiasis between 250–220 CD4/mm³ and the ones with *Cryptococcus meningitis* under 220 CD4/mm³.

Conclusion: *Candida albicans* remain the main etiologic agent for the oropharyngeal fungal infections and *Cryptococcus neoformans* is the main agent of acute meningoencephalitis in adults with HIV/AIDS.

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Species Distribution and Antifungal Susceptibility of *Candida* sp. Isolates from HIV Positive Patients with Oropharyngeal Candidiasis

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Background: This study aimed to investigate species distribution and in vitro drugs susceptibility of *Candida* sp. isolates from HIV positive patients.

Methods: We studied the frequency of resistance profile to amphotericin B, flucytosine, fluconazole and itraconazole of 50 isolates of *Candida* sp. from newly diagnosed AIDS patients with oropharyngeal candidiasis at Shanghai Public Health Clinical Center, using Neo-Sensitabs tablet assay. We reviewed English language papers pertinent to oropharyngeal candidiasis in HIV positive patients.